

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO: **10810195**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		3				
9		3				
10		3				
11		3				
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20		1				
21		2				
22	1					
23		1				
24		1				
25		1				
26		1				
27	1					
28		6				
29		6				
30		6				
31		6				
32		6				
33		6				
34	1	1				
35		1				
36		8				
37		8				
38		8				
39		8				
40	1					
41		1				
42		1				
43		3				
44		3				
45		1				
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	103					
TOTAL CLAIMS	110					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						